



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue Cambridge MA 02139 (617) 349-6140

## ANTIQUE STORE LICENSE APPLICATION

Corporation Name

Business Name

Location

Name of Proposed licensee

Home Address

City

State

Zip Code

Email Address

Cell Phone Number

Other Phone Number

Date of Birth

Applicant, if different than above

Address

City

State

Zip Code

Email Address

Cell Phone Number

What type of goods do you want to sell?

Hours of Operation

Have you previously operated an Antique Store? Yes

No

If yes, please provide details

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

7/29/14